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TITLE OF INVENTION	i: Mobility Assista	NCE DEVICE				•		
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$720	50	\$0	\$720	01/15/2008		
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CFR 1.563).  Change of corres Address form PTO/S  "Fee Address" int PTO/SB/47; Rev 03-Number is required	lication (or "Fee Address 02 or more recent) attach	inge of Correspondence "Indication form ted. Use of a Customer	(2) the name of a single firm (having as a member a registered attemey or agent) and the names of up to 2 registered patent attemeys or agents. If no name is listed, no mame will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assigne; data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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